

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|---|--|---|--------------|
| 1 Date of Request: 9/15/05 | | 2 Serial/Patent # 10/532858 | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| | | | 6 AMOUNT |
| Filing | | | \$ |
| Amendment | | Refund Ref: 09/15/2005 | 00300\$5450 |
| Extension of Time | | Credit Card Refund Total: | \$ 100.00 |
| Notice of Appeal/Appeal | | | \$ |
| Petition | | HJ EXD. 6 AAAAAAAAAAALOG | \$ |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$100.00 |
| | | 8 TO BE REFUNDED BY: | |
| | | Treasury Check | |
| <input checked="" type="checkbox"/> Overpayment | | Credit Deposit A/C #: | |
| <input type="checkbox"/> Duplicate Payment | | 9 141-31416 | |
| No Fee Due (Explanation): Credit Card Refund | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: Barbara Campbell | | TITLE: _____ | |
| SIGNATURE: <u>Barbara Campbell</u> | | PHONE: _____ | |
| OFFICE: PCT/DO/EO | | ***** date: 09/15/2005 BCAMPBEL 05/03/2005 RAHMPAGH 02050113 103288 ***** -500.00 OP | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | |
| APPROVED: _____ | | DATE: _____ | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**